



Rethink  
Mental  
Illness.

How you  
can help

A GUIDE  
FOR  
FRIENDS  
& FAMILY.

# Rethink Mental Illness

**We believe no-one should face mental illness alone. We give help and hope to people severely affected by mental illness, and to their carers.**

Every year, we help tens of thousands of people through our support groups, services and advice. And we train employees, employers and members of the public on how best to support someone affected by mental illness.

At the heart of all this, people with experience of mental illness drive our campaigning to change the law and tackle discrimination.

**Working alongside the people we support, we save lives.**

## Paul's story

**“I've found the support group invaluable – particularly in feeling less isolated. I now have a personal coping strategy, and some practical actions I can take to ease each individual situation. We've found support that gives us both hope. We really appreciate being part of the Rethink Mental Illness family!”**

Paul's wife has bipolar disorder and he attends a carer support group



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## Introduction

**Mental health issues are more common than you might think. Every year, one in four of us in the UK is affected by a mental health problem. Severe mental illness can affect anyone, although it often emerges during adolescence or early 20s.**

Living with a mental health condition can affect many aspects of daily life, from physical health to managing money and getting a job. Poor mental health is the biggest cause of lost days at work in the UK, and a significant factor in the majority of suicides. Stigma plays a big part in how people feel about themselves and how others treat them.

Often the impact of a mental health condition can be reduced if you can access support quickly. Sadly this doesn't always happen.

If you think you, or someone you know, might be affected by mental illness, help is at hand. This guide offers practical advice on recognising the most common distress signals. It will help you know how and when to act.





## My son heard voices – our story

Hearing  
voices

**“A couple of months after we’d started seeing a specialist mental health service team, we were sat waiting for a bus and Jack began to hum a tune. It made me cry with joy because I hadn’t heard him do that since he became ill.”**

At first, my son’s illness seemed to come out of the blue. He was in his first year of university and his sister and I heard he’d been behaving strangely. He talked about these really dark thoughts too. He’d think he was dead, that I was dead, and that other people were dead.

I don’t think he could have continued the term at university. He found it impossible to concentrate on work and he was struggling to look after himself. He didn’t wash properly for a couple of weeks on one occasion. Some days, he couldn’t get out of bed at all. It really upset me.

I couldn’t understand what was happening to him. Then, I suddenly remembered this thing that happened at home about a year before. We were sat in the kitchen and he said “I think I’m hearing voices”, or something like that. And you know what? I actually said “Don’t be silly, there aren’t any voices” and changed the subject.

Jack has been at home since then and, to be honest, it took him a while to open up because he was scared what all of this meant for him. Things have improved a lot though. Getting him some help made the biggest difference.”

# Hearing voices – how you can help

**It can be hard to understand and cope with unusual thoughts and behaviour. ‘Psychosis’ describes mental health problems where someone experiences changes in thinking and perception. It covers delusions, paranoia, hearing voices, and disordered thinking and speech. It’s part of the diagnosis of schizophrenia and schizoaffective disorder, and can also be present in other mental illnesses. Some are life-long conditions. With the right medication and therapy many people find their symptoms become manageable, and may even disappear completely.**

## What you can do

If someone you know is experiencing a severe psychotic episode, there’s often little you can do to alter their beliefs, and they might need psychiatric care. You can help by talking, listening non-judgementally and giving reassurance.

Don’t ignore them, laugh or say their thoughts are stupid. They will think their beliefs are totally real, however strange and unrealistic they are to you. Letting your friend or loved one know you are on their side and want to help goes a long way.

“Getting Jack some help made the biggest difference.”

## What you might say

“It must be very frightening for you.”

“Do you want to talk about what’s happening? It might help.”

“I understand this feels real for you, but I see it differently.”

“I’m here for you and can stay with you while you’re going through this.”

## If it’s not a crisis

- Accept the reality of the voice experience – it will seem very real to them. You could ask about their voice or voices
  - how long they have been hearing them, who or what they are, whether they have names, and what they are saying. Try not to interrupt or react critically or defensively.
- A GP can usually prescribe medication, arrange an appointment with a psychiatrist, or refer to a local Community Mental Health Team if they are not already in touch.
- Often with someone who is with hearing voices, it’s hard to get them to seek help. You could try saying you’ve noticed they are not sleeping, and they should see a doctor about that. Then the doctor can talk them through possible reasons why.
- Unfortunately, it can sometimes be difficult to get help. It’s worth trying as many avenues as possible, and don’t be afraid to be persistent.

## What you might do in a crisis

- Try not to seem panicked. You might be really worried, but it’s important not to communicate your anxiety if possible.
- Call the GP to make an urgent appointment. It might be helpful to ask for a home visit if you live with the person you’re worried about.
- A GP might not be able to discuss the person’s case with you (even if you are their carer) but they should accept information from you. They may choose to share information you give with the person who is unwell, but they don’t always have to tell them who gave it.
- You could contact your local Community Mental Health Team or crisis team directly. Your local NHS Trust website should have the contact information.
- Take them to the Accident and Emergency Unit at the hospital and ask to see a duty psychiatrist.



# “What really helped was getting a bipolar diagnosis”

**Extreme mood swings – from mania (feeling high) to depression (feeling low) – can be part of a range of mental illnesses including bipolar disorder. We all experience changes in mood, but conditions like bipolar disorder can be severe, affecting all areas of life. It can be scary when you are caring for someone experiencing mania. But try to remember that manic episodes do end, especially if they can get the right treatment.**

## What you can do

Whatever the diagnosis, it is important to receive the right type of care and support.

Medication might be necessary to reduce the highs and lows. Medical professionals commonly prescribe mood stabilisers, sometimes in combination with antidepressants and antipsychotics. Medications suit people differently and there can be side effects.

Psychological treatments also have a role in helping people to overcome depressive periods, understanding the illness and helping people to find their own ways to cope with symptoms.

“Mood swings can be really tough... too excited, too happy, too angry, or too anxious.”

## What you might say

“I care about you and I’m always here for you if you need me.”

“I know it’s not your fault, but it seems like you’re having trouble staying in control and I’m worried about it getting worse.”

“I’m a bit worried about you and wonder if we should chat to someone about it. What do you think?”

## If it’s not a crisis

- The GP should be able to help. If necessary, he or she will also be able to refer the person you’re worried about to the local Community Mental Health Team. If there is a significant risk of harm, it might be necessary to get them to hospital.
- Do not issue threats or lecture. You might feel like doing this because it will make the other person see sense, but it won’t. Ultimately, you can’t stop them doing things, but it doesn’t mean you have to go along with them. And it doesn’t stop you from being honest about their actions.
- Self-management can help people manage mood disorders. Healthcare professionals should be able to give advice about lifestyle decisions like exercising and eating well.

## What you might do in a crisis

- If you feel your loved one is in danger, you should seek help as soon as possible. You could contact their GP, psychiatrist, key worker or other mental health professional.
- These professionals might not be able to discuss the person’s case with you (even if you are their carer) but they should accept information from you. They may choose to share information you give with the person who is unwell, but they don’t always have to tell them who gave it.
- If you cannot handle a manic situation, it’s okay to just remove yourself for a while. Sometimes there will be nothing you can do, and your first responsibility is to yourself and any other people who might be in danger.

# “Cutting myself was the only thing that helped”

People usually self-harm because they find it difficult to regulate their moods or communicate their feelings. Often they ‘feel too much’ or ‘don’t feel enough’. It’s not always a sign of a mental health problem (such as a personality disorder or anxiety). But it is always a sign that something is wrong.

Self-harm might include cutting, burning, scratching, hair pulling and picking skin. It’s often used as a coping mechanism and it can be very hard to stop.

## What you can do

If someone you care about is self-harming, it can be very difficult to cope with your own feelings of shock, anger, and helplessness.

It’s important you try to appreciate how difficult your friend or relative is finding their life. Showing them you want to understand will matter a great deal.

You may be able to help them find safe ways to self-harm while they learn other coping mechanisms, or deal with the underlying issues that are causing them to self-harm.

“People can’t understand the idea of harming yourself on purpose.”

## What you might say

“You know I care about you and what happens to you.”

“I’m always here for you if you need me.”

“I can see how difficult things are for you at the moment.”

“Would you like to talk a bit about why you cut yourself? I’d like to understand more.”

## If it’s not a crisis

- Be patient. Don’t push them into anything. Ultimatums do not work, and neither does confiscating the tools they use to self-harm. Only do this if there is urgent risk.
- Even if now isn’t the right time to stop, the first step is to simply think about it. Keeping a list of reasons for and against self-harm might help.
- When someone is ready, it might be worth speaking to a GP about the next steps. You could also speak to your Community Mental Health Team directly. Your local NHS Trust website should have the contact information.
- You can help get them medical care for any wounds. Offer to stay with them while they’re treated if they’re feeling self-conscious or vulnerable.

## What you might do in a crisis

- Call **999**, or take your friend or loved one to the Accident and Emergency Unit at your local hospital.
- Ask them if they would like to talk to an emotional support line such as Samaritans on **116 123** (UK or ROI).
- You could call their GP or take them there. There will be an out-of-hours service if you call and the surgery is closed. It might be helpful to ask for a home visit if you live with the person you are worried about.
- Find out whether the person has access to a crisis service, or whether the NHS crisis team in your area accepts self-referrals.



## "My brother was really distant"

Feeling  
withdrawn

**"I'd speak to Naveed and he'd say nothing for five minutes. It went on like that for a while. I thought it was a 'boy thing' at first, or that he just wasn't that bothered about hearing from me. It turned out there was a bit more to it than that."**

I was living away from home, so it was difficult to work out what was going on for him. As his sister I'd call home once or twice a week and he had nothing to say – no stories or funny stuff. That's probably not weird for some siblings, but we've always been pretty close and tell each other a lot. He just didn't seem to care anymore. I was really worried.

The conversations were like:

Me: Hi Nav, it's Shiri. How's it going?

Him: <After some time> Oh, hi.

Me: How're you doing?

Him: <Sighs> OK, I guess.

Me: How's your week been?

Him: I dunno, the usual stuff. Not much.

Mum said he'd been struggling at school. He said he didn't fit in with his mates anymore and wanted to stay at home. He'd always been really into football and he even lost interest in that. Mum said he enjoyed our phone chats though. Apart from her and dad, I was the only person who really spoke to him. I kept at it, kept reassuring him, kept calling regularly and just talking about little things. As time went on the calls got easier. He began to get his confidence back.



# More about feeling withdrawn...

**Social withdrawal can be a symptom of depression or other mental health problems like social anxiety or a personality disorder. People can start to see themselves as different – like they don't fit in. They might lack the confidence in their ability to manage even ordinary, day-to-day social situations.**

## What you can do

The first step to dealing with withdrawal or depressive symptoms is to accept that it's happening. This is something the other person is going through right now, so it's important to lower your expectations to a realistic level and not put too much pressure on them.

When people become withdrawn, they can feel isolated by others and society. Understand that they might feel very vulnerable in certain situations and settings.

"As time went on he began to get his confidence back."

## What you might say

"If we go out, where would you feel most comfortable?"

"What could we do to make it easier while we're there?"

"What are you putting up with at the moment that you'd like to change?"

"If you had no fear, what is it that you'd love to do in this situation?"

"I just want to check that you know you're not alone in this."

"Remember, I'm here for you if you need me."

## If it's not a crisis

- You could suggest doing uncomplicated and undemanding activities.
- If others are involved, keep numbers of people to a minimum, and keep conversations short, avoiding issues that generate high emotions.
- Try to focus on the future, not the past. Work with them to break down long-term goals into small steps, and praise each positive step along the way.
- Let your friend or relative know you care. If you don't live with them, stay in contact. Phone or visit them. Remember, mental illness can be very isolating.

## What you might do in a crisis

- If you think the person you know is becoming seriously depressed, you could make an appointment with their GP as they might be able to prescribe medication or refer to therapy or counselling. It might be helpful to ask for a home visit from the GP if you live with the person you're worried about.
- If your friend or relative is very anxious in social situations, they might start to panic. See page 22 for more information about anxiety and panic attacks.



**Sometimes, severe anxiety can cause panic attacks. These are sudden episodes of intense fear or discomfort, accompanied by symptoms like irritability, difficulties in concentrating or sleeping, feeling sick, sweating, shaking, shortness of breath, chest pains or discomfort, feeling light-headed, and fear of losing control or dying.**

## What you can do

Many people feel one or more of these symptoms of anxiety at one time or another. But people with anxiety disorders experience them more frequently, and to the extent that they interfere with their lives.

Anxiety disorders are highly treatable though. Psychological therapies, medicines and self-help can all help. No matter how bad they feel, panic attacks cannot actually harm someone, and they will always pass after a while.

“The anxiety can take over, then it can be difficult to breathe and think straight.”

## What you might say

“Would you like to go somewhere quieter?”

“I see this is very frightening for you. Is there anything I can do to help?”

“Is there something that usually helps you in this situation?” or “Shall we do some slow breathing together until you feel better?”

## If it's not a crisis

**Self-help:** Some people find ways to manage their anxiety on their own if they feel they have sufficient support from family and friends. If someone is having a panic attack, thinking positive thoughts is one way to control how long it lasts.

**Psychological therapies and counselling:** There are several effective psychological approaches, including Cognitive Behavioural Therapy (CBT). Your loved one can ask their GP for a referral. They may be able to refer themselves directly. You can help by finding a local counsellor or therapist at [itsgoodtotalk.org.uk](http://itsgoodtotalk.org.uk)

**Medicines:** There are various different types of medication that can help with anxiety. A GP can advise.

## What you might do in a crisis

- Try to speak to your colleague, friend or relative in a reassuring but firm manner and stay with them.
- Be prepared for the possibility they will have an intense desire to escape. Never grab, hold or restrain them. If they want to move around, suggest that they stretch, or go with you for a brisk walk.
- Encourage them to try and control their breathing. You could ask them to breathe in and out on your count.
- If the symptoms do not subside within 15 minutes, consider seeking urgent medical advice. When in doubt make the call, even if only for advice.



# “The first time we properly spoke about suicide”

**“I always thought Amy was exaggerating about having suicidal thoughts – I just couldn’t understand how anyone would want to kill themselves. I still struggle with the idea, but she says I’m now the first one to recognise when she’s having a bad time.”**

Most people at college probably see her as a cheerful person. She’s usually pretty bubbly, but there was definitely something very wrong that day.

She’d mentioned suicidal feelings to me before. I never thought it was serious though. We all say things, and it’s difficult with thoughts because you can’t see inside someone’s mind. It’s not like you can wear a sign on your forehead.

That day, she posted this comment on Facebook. She said something like ‘There’s just no point in doing this anymore’ or ‘No one cares anymore’ and I’m so glad I saw it on my mobile phone because I could call her straight away. I tried a few times and was a bit worried... but when she answered, I asked her how she was doing, she talked a bit, and I mostly listened. Then I told her I’d come round to her house to stay with her until her mum came home.

Since then, I check up on her a bit – which I don’t mind. I feel better knowing how she’s getting on, especially if I think she’s looking tired or down. She tells me she still has suicidal thoughts now and then, but she finds it easier to talk to me or her mum about it. That helps a lot, she says. ▶

# More about suicidal thoughts...

**Suicidal thoughts can be a sign of depression or other mental health problems. When someone wants to end their life, the thought of just surviving the days ahead can seem exhausting, overwhelming and unbearable. You could help them try to focus on today rather than the rest of their life.**

## What you can do

Let them know there is help out there that can make a big difference, however alone they might feel.

Listen without judgement and without giving advice. Let them describe what they are going through and try some direct questions about their plans.

You might think talking about suicide encourages them to think about it. Actually it's much better for people to know they can be open about it.

Some people will have suicidal thoughts but won't act on them. By opening the subject you can work out if they are in immediate danger.

*"She finds it easier to talk to me or her mum about it now. That helps a lot, she says."*

## What you might say

"Can you let me know if you've done anything to hurt yourself, or think you might do?"

"Have you spoken to anyone else about this?"

"Are you having thoughts of killing or harming yourself?"

"Have you attempted suicide before?"

"Is anyone with you at the moment?"

## If it's not a crisis

- See if the person will talk to their GP about their feelings. They might be able to prescribe helpful medication or refer them for counseling or therapy.
- Call NHS **111**. Calls are free from landlines and mobile phones.
- If the person you are worried about is already under a Community Mental Health Team, try to contact their 'care coordinator'. In some areas, if someone isn't known to the team, they will only help if that person has been referred by a GP. If you are not sure who the local Community Mental Health Team is, you can ask at the GP surgery.

## What you might do in a crisis

- Call **999**, or take them to an Accident and Emergency Unit at a local hospital.
- See if they are willing to talk to an emotional support line such as Samaritans on **116 123** (UK or ROI).
- Call their GP or take them there. If you call and the surgery is closed, there will be an out-of-hours service. Or, it might be helpful to ask their GP to make a home visit if you live with the person you're worried about.
- Find out whether the person has access to a crisis service, or whether the NHS crisis team in your area accepts self-referrals.



**Stress is the feeling of being under too much mental or emotional pressure. It affects us all at some point, but if someone is under stress for long periods, it could affect their mental wellbeing.**

**Causes include money and relationship problems, losing a job or being unemployed, having a physical illness, or going through a major life event such as getting married or moving house.**

Carers of those with a mental illness are at risk of themselves becoming stressed and should look out for these signs, too.

“Keeping a stress diary helps me look out for signs, and remember the things that help me cope.”

## What are the signs?

Here are some of the common symptoms of stress:

- Irritability
- Sweating and dizziness
- Racing or obsessive thoughts
- Headaches or muscle pain
- Being forgetful, not concentrating
- Bowel or bladder problems
- Dry mouth, shortness of breath
- Feeling overwhelmed or worried about the future
- Fast heartbeat

## What you can do

If you are a carer, and feel things are getting on top of you, there are lots of ways to help yourself or someone you know, including exercise, meditation or stress management courses.

Your GP can also offer self-help and lifestyle advice, medication or access to talking therapy. If you have any of the symptoms described on this page, it's a good idea to talk to your GP about them.

If you are a carer, you could also look for a support group in your area. These groups improve mental health and wellbeing, increase skills and training opportunities, and reduce social isolation. Peer support from others with similar experiences can be vital in challenging times.

## What you might do in a crisis

- Most people suffering with stress won't reach crisis point. If it lasts a long time, or leads to other problems and you are worried, do seek help from a GP.

## Our advice and information

Rethink Mental Illness has free factsheets on a wide range of issues affecting people with mental illness, their family, friends and carers, including:

- Depression
- Work capability assessment
- Carers assessments
- Dealing with unusual thoughts and behaviours
- Getting help in a crisis
- Schizophrenia
- Bipolar disorder
- The Mental Health Act

You can find these at [rethink.org](http://rethink.org)

Our Advice Service offers practical help on issues such as the Mental Health Act, community care, welfare benefits, criminal justice and carers rights.

We also offer general help on living with mental illness, medication, care & treatment.

**The line is open from  
9:30am – 4pm  
Monday to Friday**



## Further help

**Mental Health UK** brings together four national mental health charities working across the UK (including Rethink Mental Illness) who can offer more information and support.

Our partnership with Lloyds Banking Group has helped develop and launch **Mental Health & Money Advice** – the UK's first advice service designed to help people understand, manage and improve their financial and mental health.

The service provides helpful information and advice written by experts and professionals, tools, calculators and personal stories designed to help anyone with mental health and money problems.

[mentalhealthandmoneyadvice.org](http://mentalhealthandmoneyadvice.org)

## For urgent support in a crisis

### Call 999

Find out if the person has access to a crisis service, or if the NHS team in your area accepts self-referrals.

Go to your nearest Accident and Emergency department (A&E). You can search for your local department through the NHS Choices website.

### Samaritans

Ask them if they would like to talk to an emotional support line.

**samaritans.org**  
**jo@samaritans.org**  
**116 123 (UK or ROI)**  
24 hours a day

## For non-emergency situations

Call their GP or take them there.

Visit NHS Choices via **nhs.uk** or **call 111**

# More ways to help

**For any mental health issue your loved one might have, do seek treatment and support from the NHS. But you can also help them feel empowered to help themselves.**

## Talk about it

Being open about mental health is always a good thing. It can seem scary for them, but if you're happy to listen, as a trusted friend or relative you'll make such a difference.

You can also get them to call a support line to talk to a skilled listener, or meet other people at a support group who have similar issues and will understand.

## With their GP

- Remind them to ask about a regular medication review.
- Ask about an annual health check (blood pressure, weight, blood sugar).

## Other things you can suggest (or do together)

- Exercise or get outdoors, even if it's just for a walk
- Breathing exercises
- Learning ways to relax, such as meditation
- Yoga
- Eating healthy foods regularly
- Follow a daily routine to give life a bit more structure
- Get enough sleep
- Keep a mood diary to be more aware of symptoms
- Do something creative like writing, art or music
- Meet people at a local club or society
- Volunteering

# The impact we have

## Susan's story

**"We'd already been through a lot – my daughter had been in and out of hospital, sectioned, had no joined-up care. Her physical health suffered, on top of her mental torment and paranoia. Then one night she told me that she knew she had no future, and there was only one way out."**

"I phoned Rethink Mental Illness. What followed was several years of support and advice to get her the best care. They worked tirelessly to support us through second opinions, finding specialist lawyers, giving benefits advice, detailed information on a tribunal process, everything you could think of to do with mental health.

"It transformed her life. For the first time, she has consistent care, entirely under her control.

"And as for me – I'm now part of a Rethink Mental Illness support group. I rarely need the advice line for my family, but I still regularly call to follow something up for my group. I couldn't put a price on the help we have had from Rethink Mental Illness."

**We couldn't do it without people like you.**



## Did this booklet help?

**Want to learn more about the charity, and how you can support us? Visit [rethink.org](http://rethink.org)**



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**Leading the way to a better  
quality of life for everyone severely  
affected by mental illness.**

For further information  
Telephone 0121 522 7007  
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[rethink.org](http://rethink.org)

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